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ABSTRACT

This study explores the association between levels of depression, perceptions of mastery, social support, and parenting beliefs of mothers enrolled in an Early Head Start program, and how these relations differ for adolescent and adult mothers. The results reveal that contrary to previous research, adolescent and adult mothers did not differ on psychosocial measures upon enrollment into the Early Head Start program. This supports the notion that it may not be adolescent motherhood that places individuals at increased risk for psychosocial dysfunction, rather individual characteristics affect psychological well-being. The authors suggest that future research should attempt to understand what role motherhood plays in low income mothers' psychological well-being. (Contains 12 references.) (GCP)

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Psychosocial Functioning and Parenting among Adolescent and Adult Mothers in an Early Head Start Program

by

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Psychosocial Functioning and Parenting among Adolescent and Adult Mothers in an Early Head Start Program

Research indicates that adolescent parents experience more parenting stress and depression, perceive fewer social supports, and are less responsive in their interactions with their children (East, Matthews, & Felice, 1994; Hudson, Elek, & Campbell-Grossman, 2000; Maynard, 1997; Reis, 1989). These findings suggest that early childhood intervention programs that target parenting may need to consider the ages of their clients. The present study explored the association between levels of depression, social support, perceptions of mastery, and parenting beliefs of mothers participating in an Early Head Start (EHS) program, and how these relations differ for adolescent and adult mothers.

The program serves an ethnically diverse population in a semi-urban community. In addition to home-based programming, EHS provides a center-based group socialization component for parents and children. A goal of EHS is to support the overall development of children from birth to three years of age by promoting responsive parenting and empowering parents to seek outside support. Currently, the same service delivery protocol is used for adult and teen mothers. However, home visitors employ individualized services that seek to address the specific needs of the family. Keeping this in mind, this investigation compared program effects on teen and adult mothers to see if a more specialized program might better suit adolescent mothers.

Intake data included: (1) sociodemographic variables such as maternal age, education level, race, employment, marital status, and household income; (2) indicators of psychological functioning using the CES-D (Radloff, 1977) and the Pearlin Mastery Scale(Pearlin, Lieberman,

& Menaghan, 1981); (3) Social Support Scale (Dunst, Trivette, & Jenkins, 1986) and (4) parenting beliefs using the Beliefs Regarding Talking and Reading Scale (Luster, Rhoades, & Haas, 1989).

The ethnic background and employment status of both groups of mothers did not vary significantly, most were Latina (66%) and employed or attending school (51%). The mean age of teen mothers was 18.0 years (range 15-19) and 83% were single. Adult mothers averaged 26.6 years (range 20-54) and 60% were single. As compared to the teenage mothers, adult mothers were more likely to have completed high school (25.2% vs. 61.5% $p < .01$) and have significantly lower incomes ($\underline{M}$ = $7,350 & $11,239, respectively). However, there were no significant age differences on psychosocial and parenting measures.

T-tests indicated that there is a significant decrease in depression from intake to 14 months for all mothers ($t=2.19$, $p<.05$). This did not hold when considering adolescent and adult mothers independently. This is perhaps due to the small n of our longitudinal sample. After employing repeated measures ANOVA, no significant differences in social support were found from intake to 14 months. However, the trend suggests that adult mother's social support decreases over time while the adolescent mother's social support increases over time. This finding might suggest that in accordance with previous research, adolescent perceive fewer social supports, but through the EHS program become more aware of the social support, system that exists in their community. Finally, repeated measures ANOVA indicated that the change in parenting mastery for adolescent and adult moms, from intake to 14 months is approaching significance ($F=2.92$, $p=.06$). Adolescent mothers started the EHS program with lower levels of parenting mastery, but at 14 months had similar and even slightly higher levels of mastery.

Consistent with previous research, adolescent and adult mothers did differ on demographic characteristics such as single status, education, and income. Contrary to previous research, adolescent and adult mothers did not differ on psychosocial measures upon enrollment into the EHS program. This supports the notion that it may not be adolescent motherhood that places individuals at increased risk for psychosocial dysfunction, rather individual characteristics affect psychological well-being. Future research should attempt to understand what role motherhood plays in low income mothers' psychological well-being.

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Psychosocial Functioning and Parenting among Adolescent and Adult Mothers in two Early Head Start Programs

Sukhdeep Gill, Sarah Sylvia, and Mark Greenberg
The Pennsylvania State University

SRA Poster Presentation
New Orleans, April 11-14, 2002

Purpose

- To examine levels of depression, perceptions of mastery and social support among mothers enrolled in two Early Head Start programs in Pennsylvania.
- To understand how participation in the Early Head Start intervention might influence the relations between these variables and how programmatic effects might differ for adolescent and adult mothers.

Depressed mothers...

- are more likely to be unresponsive and emotionally unavailable to their children.
- have more negative maternal-children interactions.
- are more likely to have children that suffer poor health including sleep disorders, and growth failure.

(Field, et al., 2000; Radke-Yarrow, et al., 1985; Sommer, et al., 1993)

Mothers who are distressed...

- are less responsive and attentive to their children.
- tend to have less time to spend with their children in non-essential activities.
- tend to have less interest in child development and educational activities.

(Cooley & Unger, 1991)

Social Support

- Positive social support fosters feelings of well-being, less emotional distress, and decreased depression.
- Positive social support provides guidance, social reinforcement, and social stimulation.
- Mothers who have spousal/ partner support or family support may deal more effectively with parenting stress.

(Cooley & Unger, 1991; Hudson, Elek, & Campbell, Grossman, 2000; McLanahan, 1983)

Current research indicates that teen moms…

- are characterized by high rates of depression.
- experience more parenting stress.
- perceive fewer social supports.
- are less responsive in their interactions with their children.

(East, Mathews, & Felice, 1994; Hudson, Elek, & Campbell-Grossman, 2000; Maynard, 1997)

Early Head Start Intervention

- Comprehensive program that focuses on enhancing children's development while strengthening families.
- Designed for low-income pregnant women and families with infants and toddlers up to age 3.
- Mixed model approach that complements the traditional EHS home visitation program with parent group socialization and education activities, and staff development and training.

Individualized home-visits

- Allow the home visitors to focus on the unique strengths, needs, and goals of each child and family including the unique needs of adolescent mothers.
- Particularly important for infants and toddlers who need one-on-one contact, interaction, and stimulation in their natural home environment.

Group Socialization

- Provides opportunities for parents to interact with other members of their community.
- Provides a forum for parents to talk about parenting strategies and to learn better parenting skills.

On-site training

- A staff development and training program.
- Provides opportunities to build strong connections between pre-service and in-service staff training, support, and mentoring.
- Provides instructional information on the unique needs of their clientele, (i.e., teen parenting, infant/ toddler development).

Research Questions

- Do adolescent and adult mothers, enrolled in two Early Head Start interventions, differ on psychosocial measures upon enrollment into the program?
- Does participation in Early Head Start have differential outcomes on depression, perceptions of mastery, and social support for adolescent and adult mothers?

Data Instruments

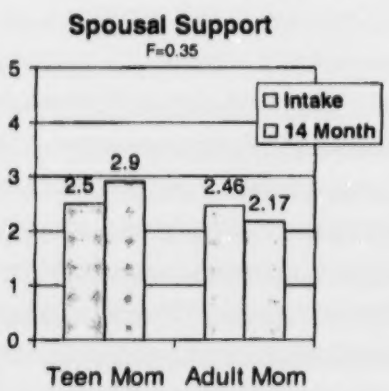
- Demographic information
- Family Support Scale (Dunst, Trivette, & Jenkins, 1986).
- The Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977).
- Pearlin Mastery Scale (Pearlin & Schooler, 1978).

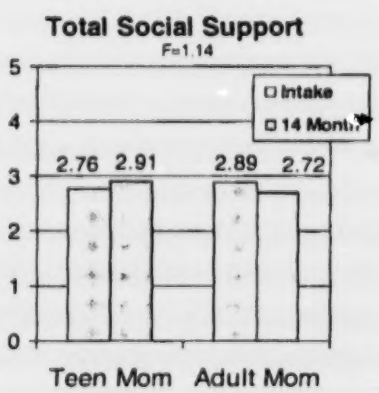
Baseline Characteristics of Teen and Adult moms (n=314)

	Teen moms	Adult moms
Average age*	18.0 years	26.6 years
First time parent*	49.1%	46.5%
Single parent*	83.2%	60.2%
High School graduate*	25.2%	61.5%
Mean yearly income*	$7349.85	$11,238.92
Medicaid Assistance*	59.3%	39.3%
Spouse Support	2.75	2.56
Total Social Support	2.97	2.91
Parenting Mastery	3.68	3.74
Depression	19.5 (60.6% ≥ 16)	20.41 (66.1% ≥ 16)

*Significant at the p<.01 level

Change in Social Support Scores from Intake to 14 Months (N= 63)





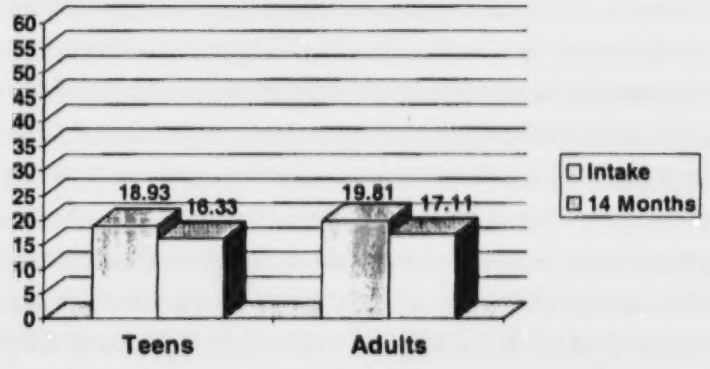
Social Support Discussion

- **Adolescent and adult mothers report equal perceptions of social support at intake.**
- **After employing repeated measures analysis of variance, no significant differences were found from intake to 14 months even when controlling for demographic differences (i.e., single, first born).**

However,

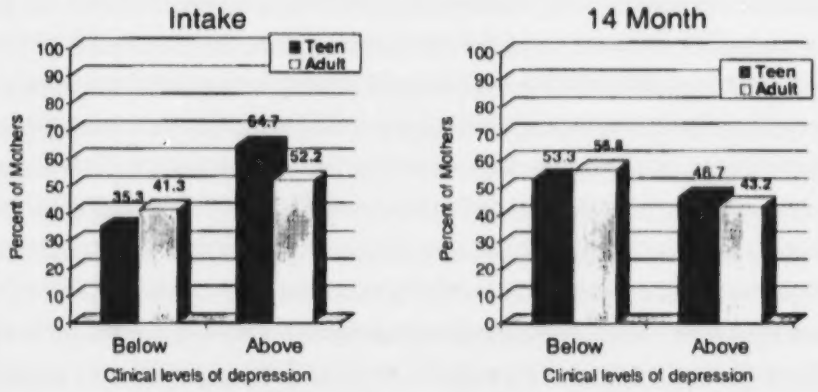
- **The trend suggests that adult mother's social support decreases over time while the adolescent mother's social support increases over time.**
- **This finding might suggest that in accordance with previous research, adolescents perceive fewer social supports, but through the EHS program become more aware of the social support system that exists in their community.**

Mean Depression Scores



Clinical cutoff for depression is a score of 16 or higher (Radloff, 1977).

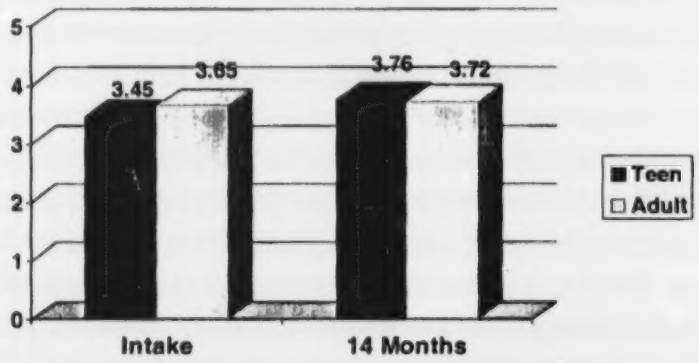
Incidence of Depression



Depression scores discussion

- Adolescent and adult mothers started the EHS program at statistically equal levels of depression, although adolescent mothers had a lower mean score than adult mothers which seems contrary to previous findings.
- T-tests indicated that there is a significant decrease in depression from intake to 14 months for all mothers ($t=2.19$, $p<.05$).
- This did not hold when considering adolescent and adult mothers independently. This is perhaps due to the small n of our longitudinal sample.

Parenting Mastery Mean Scores



Mastery Discussion

- Repeated measures analysis of variance indicated that the change in parenting mastery for adolescent and adult moms, from intake to 14 months is approaching significance (F=2.92, p=.06).
- Adolescent mothers started the EHS program with lower levels of parenting mastery, but at 14 months had similar and even slightly higher levels of mastery.

Discussion

- Consistent with previous research, adolescent and adult mothers did differ on demographic characteristics such as single status, education, and income.
- Contrary to previous research, adolescent and adult mothers did not differ on psychosocial measures upon enrollment into the EHS program.
- This supports the notion that it may not be adolescent motherhood that places individuals at increased risk for psychosocial dysfunction, rather individual characteristics affect psychological well-being.
- Future research should attempt to understand what role motherhood plays in low income mothers' psychological well-being.

Discussion

- Levels of depression decreased for all EHS program participants over time, however no significant differences emerged on other psychosocial measures.
- There was a trend that suggests EHS might have differential affects on adolescent and adult mothers where adolescent mothers seem to benefit more from the program, in general.
- Future research should try to understand why the EHS program might be more beneficial to adolescent mothers and how they can improve their program to meet the needs of all mothers.

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